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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Sunrise II, Inc.

Name of Corporation

DOCUMENT NUMBER:

P12000091660

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James S. Campbell

Name of Contact Person

Byrd Campbell, P.A.

Firm/Company

180 Park Avenue North, Suite 2A

Address

Winter Park, FL 32789

City/State and Zip Code

jcampbell@byrdcampbell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James S. Campbell

,850 \308-7440

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o registered agent, or both, in the State o	of Florida		_
1. The name of t	he corporation: Sunrise II, Inc				
2. The principal	office address: 113 Baybridge	Drive, Gulf Breeze, FL 325	61		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/24/20	12 Document number: P120	000091	660	
5. The name and		ered agent and registered office on file	with the		
	James S. Campbell / Be	ggs & Lane, RLLP			
	501 Commendencia Stre	eet	_		
	Pensacola, FL 32502	_	_	<u>~2</u>	FILE
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered	SEURE 其	20 IT AUG I	
	James S. Campbell / By	rd Campbell, P.A.	- 第 章 	5	
	180 Park Avenue North, Suite 2A			PM :	D
	Winter Park, FL 32789	ox NOF acceptable	30.25 30.05	ش 2	
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of	f its regist	ered a _l	gent,
Such change wa	us authorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by a en notified in writing of the change.	an officer	so	
		S. Brades Moore	CFO	>	
I further agree performance of agent. Or, if th	to comply with the provisions of al my duties, and I am familiar with	Printed of typed name and agree to act in this capacity. I statutes relative to the proper and cand accept the obligation of my position reflect a change in the registered of field in writing of this change.	omplete ion as reg	jisterec ess, I	d
	MMU	8/7/2017			_
// `	nature of Registered Agent	Date			
	half of an entity:				
James S. C	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *